

COMMUNITY/PRIVATE MENTAL HEALTH CENTER BILLING GUIDELINES

EFFECTIVE July 1, 2013

Providers must refer to current CPT and HCPCS codebooks for proper coding.

Those services listed below in the same service category **all** apply toward that service limit total.

Rates for all codes may also be found at <https://msmedicaid.acs-inc.com>.

Items in Red are to draw attention to changes in existing services or identify new services added.

NEW SERVICE NAME	NEW PROCEDURE CODES	NEW RATES	MODIFIERS (HW is required for all services)	UNIT MEASURES	PLACE OF SERVICE CODES	PA REQUIRED	CREDENTIAL REQUIREMENTS	NEW SERVICE LIMITS	
								DAILY	YEARLY
Psychiatric Diagnostic Evaluation	90791 90792 (or E/M)	\$128.61 \$108.59 **	HW	Per service	03, 12, 31, 32, 53, 99	N	See comments below	1	See comments below
Medication Management	M0064 or (E/M)	\$45.77 **	HW	Per service	12, 31, 32, 53, 99	N	See comments below		
Psychotherapy with E/M (must also bill E/M code on separate line)	90833 90836 90838	\$36.24 \$58.88 \$95.04	HW	Per service	03,12, 31, 32, 53, 99	N	Physician or Nurse Practitioner	1	12
Prolonged Service 60 min.	99354	\$82.75	HW	Per Service	03, 12, 31, 32, 53, 99	N	Physician, PMHNP, PA, Lic. Masters	1	None
Prolonged Service 30 min add on	99355	\$81.16	HW	Per 30 min add-on		N		None	None
Medication Administration	96372	\$20.82	HW	Per Injection	12, 31, 32, 53, 99	N	RN, LPN, Physician, PMHNP, PA	1	None
Medication Administration	T1502	\$4.76	HW	Per injection	12, 31, 32, 53, 99	N	RN, LPN, Physician, PMHNP, PA	2	None
Assessment	H0031	\$93.00	HW	Per service	03, 12, 31, 32, 53, 99	N	Lic. Masters	1	4
Treatment Plan Development & Review	H0032	\$18.45	HW, HT	Per service	03, 31, 32, 53, 99	N	Lic. Masters	1	4
Psychotherapy	90832 90834 90837	\$53.76 \$70.38 \$103.28	HW	Per service	03, 12, 31, 32, 53, 99	N	Lic. Masters	1	36
Nursing Assessment	T1002	\$18.45	HW	Per 15 min. unit	03,12,31, 32, 53,99	N	RN, Physician, NP, PA, or PMHNP	4	144

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								DAILY	YEARLY
FamilyTherapy	90846 90847	\$64.83 \$77.76	HW	Per service	03, 12, 31, 32, 53, 99	N	Lic. Masters	1	24
Group Therapy	90853 90853 + 90785	\$21.42 \$21.42 + \$4.13	HW	Per service	03, 31, 32, 53, 99	N	Lic. Masters	2	40
Multi-Family Group Therapy	90849	\$28.85	HW	Per service	31, 32, 53, 99	N	Lic. Masters	1	
Interactive complexity	90785	\$4.13	HW	Per service	03, 12, 31 32, 53, 99	N	Physician, NP, Lic. Masters	5	None
Psychological Evaluation	96101	\$85.69	HW	Per Hour	03, 11, 12, 53, 99	Y	Psychologist	4	4
Targeted Case Management -Adult (management of the case record)	T1017	\$14.88	HW, HB	Per 15 min unit	12, 53, 99	N	LSW or RN (with 2 yrs mental health experience) Lic. Professional or Master's Level Certified Therapist	2	260
Targeted Case Management -Child (management of the case record)	T1017	\$14.88	HW, HA	Per 15 min unit	12, 53, 03, 99	N	LSW or RN (with 2 yrs mental health experience) Lic. Professional or Master's Level Certified Therapist		
Assertive Community Treatment (ACT)*	H0039	\$27.50	HW	Per 15 min unit	11, 12, 14, 53, 99	Y	Certified ACT Team	40	1600
Psychosocial Rehabilitation	H2030	\$3.87	HW, HB	Per 15 min unit	53, 99	Y	Lic. Masters supervised	20	None
Psychosocial Rehabilitation (Senior)	H2030	\$3.87	HW, HC	Per 15 min unit	31, 32, 53, 99	Y	Lic. Masters supervised	20	None

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								DAILY	YEARLY
Day Treatment (child)	H2012	\$32.00	HW	Per 1 hr unit	53, 03	Y	Lic. Masters	5	None
Day Support	H2017	\$2.70	HW	Per 15 min unit	53, 99	Y	Bachelors	20	None
Acute Partial Hospitalization*	H0035	\$113.00	HW	Per unit	22, 53, 99	Y	Cert with Nursing	1	100
Crisis Response	H2011	\$30.00 FTF \$21.88 Phone	HW, HE HW, TF	Per 15 min unit	03, 12, 15, 23, 33, 53, 99	N	Lic. Masters	32	224
Crisis Residential*	T2048	\$504.62	HW	Per unit	53, 99	Y	Cert with 24 hour Nursing	1	60
Community Support Services (management of the individual)	H0036	\$14.88	HW	Per 15 min unit	3, 12, 53, 99	N	Bachelors	6	400
Peer Support	H0038	\$7.83	HW	Per 15 min unit	3, 12, 53, 99	N	Certified Peer Training	6	200
Wraparound Facilitation	H2021	\$14.88	HW	Per 15 min unit	3, 12, 53, 99	N	Certified Wrap Facilitator	16	200
Intensive Outpatient Psychiatric*	S9480	\$122.54 Less Intensive	HW U1	Per unit	3, 11, 12, 14, 53, 99	Y	Appropriate Credentials for Services Provided	1	270
MYPAC*, ****	H2022	\$347.74 MYPAC	HT	Per unit	3, 11, 12, 14, 53, 99	Y	Appropriate Credentials for Services Provided	1	115

Updated 1/9/2014

90791 may be provided by a Lic. Masters, Physician, Psychologist, PMHNP, or PA.

90792 and M0064 may only be provided by a Physician, PMHNP, or PA.

90791, 90792, and M0064 are limited to a combination of 72 services per year.

E/M codes for mental health services may only be provided by a Physician, PMHNP, or PA and are limited to twelve (12) services per year.

* This services is all-inclusive and component parts may not be billed separately.

**Effective 1/1/13, refer to your CPT Code Book for the appropriate procedure code/s

***Only eligible for Medicaid reimbursement when recommended by the Appropriateness Review Committee as part of Pre-admission Screening and Resident Review process.

****MYPAC services may only be provided by X04 provider type.

Modifiers

HW = Funded by state mental health agency ***

HT = Multi-disciplinary

HC = Adult program, geriatric

U1 = IOP less intensive

HA = Child/ Adolescent program

HB = Adult program

HE = Face-to-Face

TF = Telephone

Place of Service Code

03 = School

11 = Office

12 = Home

14 = Group Home

32 = Nursing Facility***

33 = Custodial Care Facility

53 = Community Mental Health Center

99 = Other Place of Service

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